

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10-63087</i>	FILING DATE				
						APPLICANT(S)					
<i>7-31-03 2-22-05 CLAIMS</i>											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*AS Filed		7-31-03		2-22-05	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51	1				
2	1					52	1				
3	1					53	1				
4	1					54	1				
5	3					55	1				
6	3					56	1				
7	3					57	1				
8	3					58					
9	3					59					
10	3					60					
11	3					61					
12	3					62					
13	3					63					
14	1					64					
15	1					65					
16	1	1	1			66					
17	1					67					
18	1					68					
19	1					69					
20	1					70					
21	1					71					
22	1					72					
23	1					73					
24	1					74					
25	1					75					
26	1					76					
27	1					77					
28	1					78					
29	1					79					
30	1					80					
31	1					81					
32	1					82					
33	1					83					
34	1					84					
35	1					85					
36	1					86					
37	1					87					
38	1					88					
39	1					89					
40	1					90					
41	1					91					
42	1					92					
43	1					93					
44	1					94					
45	1					95					
46	1					96					
47	1					97					
48	1					98					
49	1					99					
50	1					100					
TOTAL IND.	1	1	1	1	1	TOTAL IND.	0	0	0	0	0
TOTAL DEP.	107	0	0	0	0	TOTAL DEP.	7	0	0	0	0
TOTAL CLAIMS	68					TOTAL CLAIMS	7				